

CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO (14), 621 J STREET, 2-4711

SAN FRANCISCO (2), 668 PHELAN BLDG., 760 MARKET ST., UN 8700

LOS ANGELES (12), STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

VOLUME 3, NUMBER 23

JUNE 15, 1946

ANN WILSON HAYNES
Editor

DIPHTHERIA INCIDENCE AND MORTALITY IN SAN FRANCISCO AND CERTAIN OTHER LARGE CITIES

By J. C. GEIGER, M.D.,

Director, San Francisco Department of Public Health

The San Francisco Department of Public Health recently made a study of diphtheria incidence and mortality in San Francisco from 1922 to date. It was published in the Archives of Pediatrics for November 1945, under the title of *Changing Trends in Diphtheria in San Francisco*.

It was found that while the number of diphtheria cases has been very small during recent years, the pattern of the incidence and mortality has been changing, the incidence having shifted to the older age groups (over 30 years), with a marked increase in the fatality rate.

It was felt that it would be of interest to compare San Francisco's experience with that of other large cities both here on the coast and those far removed. Accordingly, a circular was sent to the fourteen cities listed below requesting certain information pertinent to this study:

Los Angeles, Cal.	St. Louis, Mo.
Seattle, Wash.	Philadelphia, Pa.
Portland, Ore.	Buffalo, N. Y.
Chicago, Ill.	Pittsburgh, Pa.
Cleveland, Ohio	Baltimore, Md.
Detroit, Mich.	Newark, N. J.
Milwaukee, Wis.	New Orleans, La.

Reduction in Incidence

During the past five years, the case rates of all the cities show a staggering reduction since 1922 from 150 to 300 cases per 100,000 population in 1922 to

Less than 10 for—San Francisco
Milwaukee
St. Louis
Philadelphia
Buffalo
Newark

STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President
San Francisco

DR. JAMES F. RINEHART, Vice President
San Francisco

DR. ELMER BELT
Los Angeles

DR. HARRY E. HENDERSON
Santa Barbara

DR. SANFORD M. MOOSE
San Francisco

DR. ERROL R. KING
Riverside

DR. SAMUEL J. McCLENDON
San Diego

DR. WILTON L. HALVERSON,
Executive Officer
San Francisco

Under 20 for —Portland
Los Angeles
Seattle
Chicago
Detroit
Pittsburgh

Under 30 for —New Orleans

Under 40 for —Baltimore

There is, however, a tendency towards a slight increase in incidence during the past five to nine years in the following cities: Seattle, Portland, Baltimore and New Orleans.

TABLE I
Shift in Incidence to the Over 30 Ages

	Percentage of cases over 30 years of age					Percentage of cases over 30 years of age				
	1922	1923	1924	1925	1926	1941	1942	1943	1944	1945
San Francisco...	9	7	8	11	8	64	52	39	32	30
Los Angeles...		Not given				10	21	12	11	15
Seattle...	14	9	9	15	8	48	75	53	33	47
Portland...		Not given				25	17	27	25	20
Chicago...		Not given				7	12	13	14	24
Cleveland...		Not given				13	15	14	4	21
Detroit...		Not given				14	17	17	11	23
Milwaukee...	6	6	6	7	9	0	0	0	11	29
St. Louis...		Not given				2	12	27	7	8
Philadelphia...	9	8	7	7	8	2	0	4	2	9
Buffalo...		Not given				0	0	0	11	19
Pittsburgh...		Not given				5	5	6	0	5
Baltimore...	4	5	5	6	5	11	7	7	5	6
Newark...	4	5	2	3	4	0	0	0	0	0
New Orleans...		Not given					Not given			

It will be noted that of the six cities listed above that have made this information available to us, all have a consistently low percentage of cases in the over 30 ages in the 1922-1926 period. However, there is a very marked increase in the percentage of cases over 30 years of age in the 1941-1945 period in the three Pacific Coast cities, San Francisco, Seattle and Portland. Detroit

and Chicago have higher percentages in the over 30 ages than the other cities, but we have no 1922-1926 figures for comparison.

TABLE II
Fatality Rates (Deaths per 100 Cases)

	1922	1923	1924	1925	1926	1941	1942	1943	1944	1945
San Francisco...	8	9	7	6	5	26	18	22	10	17
Los Angeles...		Not given				3	7	8	8	5
Seattle...	9	4	5	2	4	4	34	9	22	26
Portland...		Not given					Not given			
Chicago...	8	6	6	8	9	7	8	14	7	9
Cleveland...	7	7	7	8	8	9	6	12	19	25
Detroit...	7	8	8	7	14	4	8	7	5	7
Milwaukee...	6	10	6	7	6	10			10	14
St. Louis...	3	4	4	4	5	4	20	9	27	0
Philadelphia...	9	8	7	8	10	5	5	4	5	9
Buffalo...	9	4	9	9	6		33	23	11	27
Pittsburgh...	8	10	8	7	8	2	7	11		5
Baltimore...	6	7	5	5	7	6	3	3	6	5
Newark...	10	5	7	8	5			25		
New Orleans...	6	5	6	6	9	12	11	9	23	11

San Francisco and Seattle have the highest fatality rates in recent years and the greatest increase in them. These cities also have the largest percentage of cases in the over 30 age group. Cleveland, Milwaukee, Buffalo and New Orleans also have higher fatality rates. These cities (except for New Orleans for which we have no figures) all show rather large percentages of cases in the over 30 age groups.

Conclusion

From the figures studied, it may be concluded that while there is no significant recent increase in diphtheria incidence, there is a fairly general increase in the number of diphtheria cases in the over 30 age groups (10 out of the 15 cities studied). In most instances the fatality rates are higher also for the cities showing these increases, indicating a certain amount of correlation between the two.

HELP YOURSELF BY HELPING OTHERS

Ways in which individuals can help make available more food, particularly wheat and fats, for starving people in Europe and Asia by limiting their own diets are suggested by the Los Angeles City Health Department, as follows:

1. Use corn, rice, or oatmeal cereals on alternate days.
2. Omit bread at dinner. Have another potato if you need those calories.
3. Emphasize fruits for dessert. Honey or jam on rye crackers or oatmeal cookies could be used frequently in place of pastries.
4. Local vegetables and fresh fruits can largely provide the vitamins found in bread. They're filling, too. Try a raw salad instead of a second sandwich.
5. Peanut butter, avocados, and nuts may replace many of the scarce fats and oils needed for energy.

Even in the face of reduced amounts of certain items which are needed elsewhere, the judicious selection of foods will show big returns in trimmer figures, smoother complexions, and all-round better health.

GLOBULIN DISTRIBUTED TO PROTECT AGAINST MEASLES

Not only in this State but throughout the Nation the measles incidence has been high during the first four months of 1946. The following figures on cases of measles reported in California reveal the interesting characteristic of the disease to show peaks in alternate years.

January-April	Reported cases
1941	4,048
1942	78,945
1943	9,636
1944	30,701
1945	15,453
1946	38,955

While the present epidemic appears to be subsiding there is still need for applying protective measures particularly to very young children because they are most liable to have ear infections or pneumonia as a complication of measles, or to die from the disease.

For the prophylaxis or modification of measles, the Bureau of Acute Communicable Diseases has been distributing immune serum globulin supplied by the American Red Cross. In April 11,840 cc. of globulin were distributed to local health departments.

The globulin is available for the protection of children under the age of four who have been exposed and for others in special need of this protection. Two cc. of globulin given intramuscularly within eight days after initial exposure prevent the development of the disease in about 75 per cent of young children and modify the disease in others. One cc. of the globulin given within the same period, while it may not prevent measles, usually proves effective in modifying the disease. Modification is in many cases preferable to prevention since permanent immunity may thus be established.

Health officers may obtain immune serum globulin by writing to the Bureau of Acute Communicable Diseases, 1122 Phelan Building, San Francisco 2.

COURSES FOR AUDIOMETRISTS

Courses in audiology and problems of the hard of hearing are being offered in summer sessions at San Francisco State College, Occidental College, University of Southern California, and San Diego State College. The courses will include basic sound physics, psychology of the hard of hearing child, techniques in testing with both the group and puretone audiometer, clinic practice in testing, lectures on the anatomy and pathology of the ear, nose, and throat, interpretation of audiograms, introduction to special education for the hard of hearing, and familiarization with the hearing conservation program in California.

CANINE RABIES VACCINATION RECOMMENDED AS PART OF CONTROL PROGRAM

With a total of 581 cases of animal rabies in 1945, California still has a big rabies problem, although that total is considerably under the 911 cases reported in 1944. The most recent National figures on rabies, those compiled by the Committee on Rabies, U. S. Livestock Sanitary Association, U. S. Department of Agriculture, show the following distribution of the 10,540 cases reported for the Nation as a whole:

TABLE I

Animal Rabies in United States, 1944

Number of States (incl. Dist. of Col.)	Number of cases
9	0
16	1- 100
16	101- 500
8	501-1000

In 1944 with 911 cases, California had almost 10 per cent of the animal rabies cases in the country, with only two States reporting more cases. These were Louisiana, 996 and Texas, 950. Los Angeles County alone in 1944 reported approximately 7 per cent of all the rabies cases in the United States.

Table II shows cases of rabies reported in California in 1945 compared with 1944:

TABLE II

Animal Rabies in California by Counties 1944, 1945*

County	Dogs		Cattle		Cats		Other		Total	
	1944	1945	1944	1945	1944	1945	1944	1945	1944	1945
Alameda	2								2	
Contra Costa	8								8	
Fresno	12	22	8						20	22
Imperial	1	1	1						2	1
Kern	7	1							7	1
Kings	5								5	
Los Angeles	695	407	3	5	24	8	1 rat 1 rabbit 1 fox 1 possum 4 goats	1 goat 2 horses 1 not stated	730	424
Madera	1	8		3		1			1	12
Marin			1	5					1	5
Mered		1		2						3
Modoc		1								1
Monterey	20	4							20	4
Napa	1								1	
Orange	8								8	
Riverside	15	38		4	1			1 horse 1 goat	16	44
Sacramento	1								1	
San Bernardino	14	8			2		1 squirrel		17	8
San Diego	34	6	1		1	1	1 coyote		36	8
San Joaquin	1								1	
San Luis Obispo	3								3	
San Mateo		2								2
Santa Barbara	1								1	
Santa Clara	1	1							1	1
Santa Cruz	4	6	1			1			5	7
Solano	1		1						2	
Sonoma			1	1					2	
Stanislaus	2								2	
Trinity		1								1
Tulare	15	20	2	4		2	1 coyote		18	26
Ventura		2								2
California not allocated	2	1							2	1
Totals	854	535	19	26	28	13	10	7	911	581

*Only those counties reporting rabies in animals are listed.

Methods of Control of Rabies

The use of canine rabies vaccine should be an integral part of the whole control program. In conjunction with such a campaign, an educational program that will reassure members of veterinary and medical professions, and the public may be necessary. To quote from the *Report of the Committee on Rabies*, December 15, 1945:*

"It is important that the status of vaccination be clearly defined, since some health officers and others engaged in the control of rabies, including some veterinarians, as well as dog owners and others, still have doubts as to the efficacy of canine rabies vaccines. Many of these individuals are not cognizant of the progress made in the improvement of canine rabies vaccines. In many cases these doubts are based on opinions formed some years ago. It is highly desirable that the present status of vaccination be publicized, not only to the veterinary and medical professions, but to the dog-owning public and the public in general, as well * * *."

"The success attained in controlling rabies in a number of communities through the use of vaccination pro-

* Mimeographed by the U. S. Department of Agriculture for the information of the public, supplementary to the Department's literature on rabies.

cedures, together with other standard methods of control, has been outstanding. By these methods the disease has been brought under control in a comparatively short time, in contra-distinction to other areas in which long quarantines are necessary and in which little progress is made in controlling the disease. It should be recognized that proper plans and proper organization be effected at the start of a campaign. Vaccination has been used in these control campaigns on a voluntary or compulsory basis.

"As used on a voluntary basis, all dogs in an area, community, or county must be vaccinated within a designated period or kept in rigid quarantine. The vaccine is furnished by the community, which also provides veterinary service for the vaccination of the dogs. The vaccination is done at stated times and designated places. The owner of the vaccinated dog is required to keep the dog in quarantine for 30 days, during which time a very active campaign to control stray and unvaccinated dogs is in progress. This serves two purposes; first, it gives the vaccinated dogs sufficient time to develop immunity following vaccination, and second, it keeps all dogs off the streets for that period of time. In other words, it is a very tight quarantine for 30 days. After 30 days, the vaccinated dogs, which are properly tagged, may have the freedom of the streets, but unvaccinated dogs at large and strays are impounded. The general quarantine on the area is vigorously enforced until 90 days following the last diagnosed case of rabies. This method has given good results in certain counties in Maryland, Arizona, and other States. Some people are opposed to compulsory vaccination, and this procedure gives them the option of having their dogs vaccinated, with the freedom of the streets after 30 days, or keeping the dog in strict quarantine until the general quarantine is lifted.

"Compulsory vaccination of all dogs, in conjunction with the collection and impounding of stray dogs and the enforcement of quarantine measures, has been reported with good results. This method has been employed in some areas on a county and municipal basis and also is a state-wide requirement in several States, notably Georgia, Alabama, and Arkansas.

"When a program of either type is established, the organization and the effective carrying out of the program will determine its success. The feature of the programs followed has been the short period during which the area was under quarantine, in contra-distinction to procedures of older days when quarantines extended over years. The public will go along with a strict, short quarantine, but will become irked and lose interest when the quarantine period is continually extended, and cooperation then ceases * * *.

"The results of laboratory and field trials on canine rabies vaccination with the one-injection method warrant the strong recommendation that this procedure be adopted extensively in programs of control and eradication as an adjunct to other proved measures."

Canine Rabies Vaccination Successful

In Alabama success of a canine rabies vaccination program indicates what can be accomplished using this control measure. *The Present Status of Canine Rabies*

Vaccination by Harold N. Johnson, December, 1943, describes the situation as follows:*

"During the period 1932 through 1936 from 836 to 1,017 animal heads were found positive for rabies each year in Alabama. The compulsory vaccination program was begun late in 1937. A total of 177,038 dogs were vaccinated. During that year 927 animal heads were found positive for rabies and 3,794 human rabies treatments were distributed. There was a rapid reduction in the state-wide prevalence of rabies during 1938 and 1939. In 1939 only 237 animal heads were found positive for rabies and the number of human rabies treatments distributed dropped to 1,230. Whereas the disease had previously been widespread over the State, it soon disappeared from most of the counties. Some counties, however, failed to appoint rabies inspectors to carry out the control work. In 1942 only three counties of the 67 in the State had more than isolated cases of rabies and 45 counties reported no rabies.

TABLE III
Rabies Control Activities, 1936-1943,
Montgomery County, Alabama

Year	Dogs vaccinated	Dogs impounded	Dogs killed	Positive animal heads
1936				74
1937	6,012			23
1938	7,604	2,033	1,801	29
1939	6,778	1,048	684	0
1940	7,700	886	631	1 (dog)*
1941	6,099	675	400	0
1942	5,809	806	466	0
1943**	5,873			1 (cat)*

*Brought from out of State.

**To November 1, 1943.

"It is easy to see why criticism has been directed at canine rabies vaccination. Several reputable investigators have reported that rabies vaccine failed to protect animals from developing the disease under experimental conditions. There are several reasons for their negative results. In order to secure a uniform fatality for small control groups they have usually resorted to cisternal, intracerebral or intraocular test inoculation. Furthermore, when the test inoculation was given intramuscularly, young animals were used so as to obtain a high mortality for the controls. We have found that most of our failures for vaccination occurred in four to six month old dogs. Similarly, mice over six weeks of age are more readily immunized than those under four weeks of age. This emphasizes the importance of using fairly mature animals in vaccine potency test studies. In order to obtain significant results it is necessary to use large groups of animals.

"It is reasonable to expect more consistent protection for vaccinated dogs exposed to rabies under natural conditions than where large doses of street virus are injected into muscle tissue. It is difficult to infect dogs with rabies by puncture and abrasion of the skin with instruments dipped in a 10 per cent suspension of salivary gland virus of high titer. The mortality for a group of 29 dogs exposed by this method was only 15 per cent. Where the exposure involves muscle tissue the mortality is much higher.

* Reprinted from Proceedings Forty-seventh Annual Meeting of the U. S. Livestock Sanitary Association, December 2-4, 1943.

"In the absence of asymptomatic carriers, it is not necessary to obtain 100 per cent herd resistance in order to eradicate a disease. This is especially true for rabies where infection depends on the virus entering a wound. Not all rabid dogs have the virus in the salivary glands, others develop paralytic rabies and do not bite. A considerable number of mature dogs also have a natural resistance to infection. Therefore, if the general herd resistance is materially increased by vaccination, the chain of infection will soon be broken."

Need for Potent Vaccine

Potent vaccine is essential to the success of the program. Vaccine kept under conditions that do not provide adequate refrigeration rapidly loses its potency. Only vaccines prepared under licenses of the U. S. Department of Agriculture, that have been refrigerated in accordance with instructions on the package, and that are used within the expiration date noted on the package should be used.

DR. EATON NAMED TO EDITORIAL COMMITTEE

Dr. Monroe Eaton, Director of the Virus Laboratory of the State Department of Public Health, has been named to the editorial committee of the *Annual Review of Microbiology*. The review will cover the general field of microbiology—medical, agricultural, and industrial, and various special fields, such as the virus diseases, the physiology of bacteria, and the study of protozoology.

The eight members of the editorial committee will select each year authors and topics for the review. About 12 to 15 articles will be assigned to different authorities—each a specialist in his field—who will present a survey of what has come out, discuss the subject in the light of his own findings and the research of others. The first issue is planned for December 1947.

The *Annual Review of Microbiology* will make the third review to be published by Annual Reviews, Inc., Stanford University, the other two being the *Annual Review of Biochemistry* and the *Annual Review of Physiology*.

CONSULTANTS IN EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN

To coordinate the educational facilities for handicapped children in California, two consultants have recently been appointed to the staff of the State Department of Education. In Northern California the consultant in the Education of Physically Handicapped Children will be Miss Carol Jensen, and in Southern California Dr. Romaine Mackie.

REGIONAL CONFERENCE RECOMMENDS VD CONTROL MEASURES

Five recommendations for the treatment and follow-up of syphilis were made in April at a regional conference on newer methods of treating syphilis. This meeting, which was attended by Dr. Frank Brewer, Chief of the Bureau of Venereal Diseases, is one of several initiated by the U. S. Public Health Service to acquaint physicians all over the country with new developments in the treatment of syphilis with penicillin.

The recommendations are as follows:

- (1) That the 5-18-3 schedule (combined arsenical, penicillin, bismuth therapy in a nine-day hospitalization period) be adopted for treatment of all syphilis except cardiovascular and neurosyphilis.
This is the first time recommendation has been made that late latent syphilis be treated with this regime as well as primary, secondary, and early latent syphilis.
- (2) That a minimum of time be spent by health departments on post treatment follow-up of syphilis and gonorrhea treated with penicillin.
- (3) That 12 centers (known as "blue star" centers) be established by the Public Health Service and the National Research Council to evaluate properly the treatment of syphilis with penicillin.
Every effort will be made by the 12 designated centers to follow all cases treated for a period of from five to ten years so that proper evaluation can be made of treatment regimes.
- (4) That neurosyphilis be treated with penicillin, using a minimum amount of six to ten million units in a period of from 10 to 20 days.
- (5) That concentrated effort be made by all health departments to hospitalize as many cases of syphilis as possible so that with decreased clinic case loads, the staffs will have more time to spend on case-finding.

The U. S. Public Health Service has scheduled a regional conference for July 5th in San Francisco when it can bring these recommendations to the attention of doctors and health workers in California.

RADIO PROGRAM CONQUEST EARLY WEST PUBLIC HEALTH HISTORY

A new radio program *Conquest* dramatizing actual incidents in the exciting public health history of the early West goes on the air June 8th over Radio Station KFI at 9.30 p.m. Every Saturday night for 39 weeks at that time this half hour program will continue to present a complete drama, with music and top cast actors and actresses, each drama dealing with a public health problem based on material obtained from health department records. The first of the series is the dramatic story of an epidemic of typhoid fever, how it was tracked down and brought to a halt. The theme throughout will be man's conquest of disease.

Conquest is presented under the joint sponsorship of the Los Angeles County Tuberculosis and Health Association, the Long Beach Tuberculosis and Health Association, and Radio Station KFI.

LOCAL HEALTH DEPARTMENTS PLACE REGISTRY REFERRALS UNDER TREATMENT

Reports for 1945 indicate that local health departments in California have been following through investigations of venereal disease suspects referred to them by the Central Registry and getting more and more infectious cases under treatment.

Of the total 12,943 cases found infected through investigation of 51,692 Registry referrals, 88 per cent were cases which had not been reported and had not had treatment previously: 6,329 with syphilis; 5,032 with gonorrhea. The other 12 per cent included persons who had received treatment previously, but whose status had for some time been inactive or unknown: 1,410 cases of syphilis and 172 of gonorrhea. On being located, they were referred back for examination.

Disposition of Suspects Examined and Found Infected With Venereal Diseases, California 1945 (By Type of Suspect)

Referred for treatment to						
		State and Federal hos- pitals, etc.				
New cases	Total	Clinic	Private physician	Quaran- tined	Other ^a	
Syphilis						
Selectees -	859	583	240	9	5	22
Contacts -	1,078	725	227	54	59	13
Others ^b -	4,392	1,918	2,257	113	17	87
Total---		3,226	2,724	176	81	122
Gonorrhea and other V. D.						
Selectees -	3	2	1	--	--	--
Contacts -	4,847	3,388	779	168	420	92
Others ^b -	182	130	36	3	7	6
Total---		3,520	816	171	427	98
Previously treated cases						
Syphilis						
Selectees -	330	83	28	4	--	215
Contacts -	373	120	29	6	1	217
Others ^b -	707	117	135	8	3	444
Total---		1,410	320	192	18	876
Gonorrhea and other V. D.						
Selectees -	----	----	----	--	--	--
Contacts -	157	17	2	9	4	125
Others ^b -	15	4	--	--	1	10
Total---		172	21	9	5	135

^a Includes refused treatment, inducted into Army, maximum benefit of therapy at time of report, and disposition not stated.

^b Includes premaritals, prenatal, routine diagnostics, surveys, and other laboratory examinees.

SOURCE: Disposition Reports, Central Registry, California State Department of Public Health.

The 2,724 cases of syphilis referred to private physicians were 43 per cent of the total new cases (6,329). Whenever possible, it is the policy of health depart-

ments to refer noninfectious patients to private physicians, and since the referrals in the 43 per cent were largely cases found through premarital, prenatal, and Selective Service examinations and mass surveys, most of them were noninfectious.

The larger proportion of the new cases of syphilis found among contacts were referred to clinics, many because of their infectiousness or inability to pay for treatment, others because they were transients or uncooperative patients.

Ninety-six per cent of the gonorrhea cases never previously reported were contacts. A large proportion were referred for the most part to clinics.

The previously treated cases showed a high proportion of persons who are not included in the "referred for treatment" group. Some of them refused treatment; some were inducted into the Army; and among the remaining were many who though still showing a positive blood test were believed to have had sufficient treatment to prevent clinical progression of the disease. However, since follow-up was initiated on all positive and doubtful blood tests, the results of investigations of these previously treated cases are included in the reports.

Through epidemiological procedures, 12,943 cases of venereal disease were found and brought to the attention of physicians or clinics when treatment was necessary, or closed by the health officer if sufficient treatment had previously been received. It is probable that these cases would not have come to treatment had not case finding been initiated through contact or laboratory referrals.

BUBONIC PLAGUE IN RODENTS DEMONSTRATED IN FOUR COUNTIES

Bubonic plague was demonstrated in rodents and their ectoparasites trapped in four counties in April by field parties of the Bureau of Sanitary Inspections:

San Benito County

1 pool of 7 *microtus* mice

1 pool of 207 fleas from 4 *C. beecheyi* ground squirrels

San Luis Obispo County

1 *C. beecheyi* ground squirrel

Santa Barbara County

1 *C. beecheyi* ground squirrel

1 pool of 131 fleas from 3 *C. beecheyi* ground squirrels

1 pool of 198 fleas from 5 *C. beecheyi* ground squirrels

Ventura County

1 cottontail rabbit

1 *R. norvegicus* rat

Since the first of the year, rat trapping surveys have been conducted in 47 cities and towns throughout the State and resurveys have been conducted in 14 cities and towns. So far this year bubonic plague has not been demonstrated in any of the rats trapped in the cities.

STATE BOARD OF PUBLIC HEALTH ADOPTS REGULATIONS

New regulations were adopted and old ones were amended by the State Board of Public Health at its meeting May 8.

Communicable Diseases

The regulations governing the control of communicable diseases were amended effective July 1. A discussion of the changes will be published in a later issue of *California's Health*.

Hospital Inspections

Regulations recommended by the Hospital Inspections Advisory Board were adopted for the following types of institutions:

1. Maternity homes.
2. Maternity hospitals or maternity sections of general hospitals.
3. Tuberculosis hospitals and sanatoria.
4. Tuberculosis nursing homes.

Food and Drug Inspections

Regulations governing wines and cannery inspections were amended.

SCHOOL LUNCH KITCHENS

Layouts for school lunch kitchens with a "meal load" from 18 to 500 are now available to schools planning the construction of new kitchens or alteration of existing facilities. The plans were prepared by the Food Distribution Programs Branch, Production and Marketing Administration, U. S. Department of Agriculture. They were reviewed by the U. S. Public Health Service for conformity to its health and sanitation standards, and also reviewed and approved by the U. S. Office of Education.

Detailed diagrams show equipment needed and its arrangement for efficient use in the following situations:

Size of School	Meal load
One room -----	18- 25
Four diagrams show the arrangement of a 30 pupil classroom, also the arrangement of an existing canteen or a new addition for lunch preparation; use of mobile equipment; storage space; sink details and sink drainage system.	
2-4 classrooms -----	50-100
Plan for new kitchen is shown.	
4-6 classrooms -----	100-150
Two diagrams present the plan for a new kitchen and a plan for present classroom converted into a kitchen and dining room.	
6-10 classrooms -----	150-250
Diagram shows new kitchen with present classroom converted into a dining room.	
10-14 classrooms -----	250-350
Plan is presented of existing classrooms converted into a kitchen and dining room.	
14-20 classrooms -----	350-500
A plan for a new kitchen is shown.	

School or health officials interested in these plans may obtain copies for review from:

BUREAU OF MATERNAL AND CHILD HEALTH
Room 739, Phelan Building
San Francisco 2, California
PRODUCTION AND MARKETING ADMINISTRATION
Field Service Branch
Post Office Box 247
Berkeley 1, California
DIVISION OF SCHOOLHOUSE PLANNING
State Department of Education
Sacramento, California

Sets of these plans are also available through: district nutritionists of the Bureau of Maternal and Child Health, State Department of Public Health; field representatives of the Production and Marketing Administration, U. S. Department of Agriculture; diocesan superintendents of parochial schools; home demonstration leaders, Extension Service of the Department of Agriculture; chairman of the school lunch project section, health committee of the California Congress of Parents and Teachers.

FELLOWSHIPS IN PSYCHIATRIC SOCIAL WORK WITH CHILDREN

Four fellowships of \$1,000 each for one year of graduate study in the field of psychiatric social work with children are being offered by the California Congress of Parents and Teachers. They are limited to persons accepted for matriculation in an institution recognized by the American Association of Schools of Social Work, and carry a commitment to serve at least two years in the schools or nonprofit public agencies in California.

The Congress hopes to encourage and assist the immediate preparation of qualified personnel for work in schools, child guidance clinics, and similar agencies.

Application blanks with information and instructions may be obtained by writing to the California Congress of Parents and Teachers, Inc., 308 Chamber of Commerce Building, 1151 South Broadway, Los Angeles 15, California.

TRENDS IN POLIOMYELITIS

During April, 20 cases of poliomyelitis were reported against a five-year median of 8 for that month.

A study of the seasonal incidence of poliomyelitis in previous years reveals that when an epidemic has occurred, the curve usually started upward in May. While this year 14 of the 20 cases in April were reported during the last two weeks of the month, the significance of this mild upswing is not yet clear. Reports for the first three weeks of May show a total of 17 cases.

19 NEW TYPHOID CARRIERS RECORDED IN 1945

During 1945, 132 civilian cases of typhoid fever were reported and 19 typhoid carriers were recorded. The total number of cases was the lowest on record, with a case rate of 1.5. The previous low occurred in 1942 when there were 150 cases with a rate of 2.0. On the other hand, 17 deaths occurred in 1945 and the fatality rate was 12.9, the highest since 1935.

The largest typhoid fever outbreak in 1945 occurred among patrons of a popular restaurant in which the pastry cook was found to be a carrier. There were 21 primary cases and 1 secondary case in this epidemic.

A group of three cases occurred among 14 employees in a laundry. Six other employees had gastro-intestinal upsets just preceding the dates of onset of the typhoid cases. A well on the premises showed some evidence of contamination and may have been the source.

An analysis of the typhoid fever case reports indicates the following classifications as to source:

Possibly water-borne	3
Cases traced to 9 carriers (includes 21 primary cases traced to pastry prepared by a carrier and one case traced to a 1935 carrier)	30
Secondary cases	3
Laboratory infections	2
Cases diagnosed in California but with sources in other States or Countries or en route	12
Mexico	7
Arkansas	1
Mississippi	1
Pennsylvania	1
Texas	2
Sporadic cases with sources unknown	82
Total	132

Following is a summary of typhoid carriers added to the Registry in 1945:

Known carriers transferred from other States	2
Cases of typhoid fever previously reported but recorded as carriers in 1945 (two of these were in the cheese-borne epidemic in 1944)	3
Patients hospitalized for other reasons but proven carriers through routine laboratory examinations or through examination as dysentery contacts	3
Carriers found during routine food handlers examinations	2
Carriers found in epidemiological investigations of 1945 cases (two carriers found in one household but one had no contact with case)	9
Total carriers recorded	19
Carrier transferred to Arkansas	1
Death	1
Total new carriers added to Registry in 1945	17

Probably nothing so nearly reflects the sanitary conditions of a city as the number of rats that it harbors, for the rat population is usually in inverse ratio to the degree of sanitation maintained.—Farmers' Bulletin No. 1638. Quoted in Sutter-Yuba Health Department *Monthly Bulletin*.

MORBIDITY REPORTS—SELECTED DISEASES— CIVILIAN CASES

Total Cases for April and Total Cases for January Through April 1946, 1945, 1944 and 5-Year Median (1941-1945)

Selected diseases	Current month				Cumulative			
	April				January through April			
	1946	1945	1944	5-yr. median, 1941-1945	1946	1945	1944	5-yr. median, 1941-1945
Chickenpox	4,173	7,492	4,685	6,045	13,741	26,222	18,837	24,086
Coccidioides granuloma		5	3		14	16	9	
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum)	2	1	1		14	6	13	
Diphtheria	74	85	94	82	472	452	458	466
Dysentery, bacillary	10	22	24		66	114	106	
Encephalitis, infectious	2	4	8		12	20	24	
Epilepsy	134	126	128		521	539	480	
Food poisoning	18	6	60		123	73	279	
German measles	2,876	2,071	3,363		7,696	6,004	8,267	
Influenza, epidemic	176	62	138	138	5,045	384	10,574	2,468
Jaundice, infectious	18	12	46		77	89	139	
Malaria	50	6	10	6	324	33	30	36
Measles	15,685	5,860	15,211	5,860	38,985	15,453	30,701	15,453
Meningitis, meningococcal					80	273	333	333
Mumps	2,688	5,707	4,376	4,668	10,000	19,801	15,016	15,016
Pneumonia, infectious	180	288	355	355	1,135	1,688	2,130	1,688
Poliomyelitis, acute anterior	20	9	15	9	119	43	80	41
Rabies, animal	53	100	115	79	155	232	262	232
Rheumatic fever	51	72	39		239	282	145	
Scarlet fever	748	1,594	1,101	663	3,657	6,606	4,632	2,749
Smallpox				1	7	3	15	4
Tuberculosis:								
Pulmonary	758	737	692	706	2,712	2,641	2,698	2,588
Other forms	41	33	52	36	148	192	144	144
Typhoid fever	12	3	19	13	44	21	56	51
Typhus fever	3	18	23	23	17	13	4	71
Undulant fever	311	1,867	399	1,791	1,730	5,595	1,503	5,595
Whooping cough								
Veneral diseases:								
Chancroid	58	16	25		158	82	128	
Gonococcus infection	2,551	1,931	1,355	1,355	10,201	8,511	5,718	5,718
Granuloma inguinale	4	2	1		10	18	8	
Lymphogranuloma venereum	17	17	14		66	79	88	
Syphilis	2,104	2,164	2,078	2,164	8,136	9,222	9,058	9,058

DEPUTY SANITARY INSPECTORS

Assistance in the maintenance of sanitation in summer vacation areas will be given by forest officers employed by the Forest Service of the U. S. Department of Agriculture. Following a procedure established a number of years ago, more than 100 forest officers in California have been given a temporary appointment as deputy sanitary inspector by the State Board of Public Health.

printed in CALIFORNIA STATE PRINTING OFFICE

55865 5-46 7400

Warner G. Rice,
Director General Library,
Univ. of Michigan,
Ann Arbor, Mich.

4
2

ugh

37.
na.
an.
941.
945

1,000

400

400

30
400

833
010
600

40
200

740
4

550
144
61

71
900

719

600

n-

rs

t-

b-

n-

t-

rd

=

so

=